

## REFERRAL FORM Sunshine Coast District Health Service (Southern Cluster)

*Note: Lighten Up is a prevention program designed for men and women over 18 years of age, who are 'at risk' of chronic disease. Persons with existing chronic disease are not eligible to attend this program.*

Name (Referrer): \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Name (Person referred): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ P/code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about the *Lighten Up* program? \_\_\_\_\_

Reason for referral: \_\_\_\_\_

### Chronic Disease Risk Factors (specify):

- High blood pressure    Pre-diabetes    Overweight/obesity    Smoking  
 High cholesterol    Depression    Physical inactivity    Alcohol use

Other \_\_\_\_\_

Weight \_\_\_\_\_ (kg)   Height \_\_\_\_\_ (m)   BMI \_\_\_\_\_ (kg/m<sup>2</sup>)

Is the referred person a smoker?    Yes    No

Preferred Course Venue: (you can nominate more than one)

- Caloundra    Maroochydore    Noosa

Preferred Course Time:    Morning    Afternoon    Evening

**Please send or fax this completed form to:** Program Coordinator (Healthy Lifestyle)  
Block 4, Nambour General Hospital  
PO Box 2525, Nambour West Q 4560  
Ph: 5470 6985 Fax: 5470 5216

### Office Use Only

Client sent registration pack?    Yes   Date Sent: \_\_\_\_\_

No

If no, does this person need to go on the LU waiting list?

- Yes    No   Why not? \_\_\_\_\_

